

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90915 036 ***150.00

DOCUMENT # L06266

1. Entity Name

STANHAUSER, INC.

Principal Place of Business

Mailing Address

% STEVEN D. HAUSER
 1180 HAVENDALE BLVD
 WINTER HAVEN FL 33881-1382

% STEVEN D. HAUSER
 1180 HAVENDALE BLVD
 WINTER HAVEN FL 33881-1360

2. Principal Place of Business

3. Mailing Address

STEVEN D. HAUSER

Suite, Apt. #, etc.

1327 ARROWHEAD CT.

City & State

AUBURNDALE, FL.

Zip

33823

Country

USA



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number

65-0139731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUSER, STEVEN D.
 1180 HAVENDALE BLVD
 WINTER HAVEN FL 33880**

Name

STEVEN D. HAUSER

Street Address (P.O. Box Number is Not Acceptable)

1327 ARROWHEAD CT.

City

AUBURNDALE

FL

Zip Code

33823

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPTS	HAUSER, STEVEN D.	1327 ARROWHEAD CT	AUBURNDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CPT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP S	PATRICIA A. WHITLEY	1325 ARROWHEAD CT.	AUBURNDALE, FL 33823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. WHITLEY
 VP/SEC.

4/27/2000 **867-967-6745**
 Date Daytime Phone #

CR2E034 (9/99)